

Office of Water Quality Total Maximum Daily Load Program

STAKEHOLDER INFORMATION

This questionnaire is being used to assist the TMDL for the West Fork Whitewater Watershed. Please complete this questionnaire and return to the address at the end. Thank you for your time.

Name:		
Organization(s):		
1.) Would you like to be	e kept informed about the We	st Fork Whitewater Watershed TMDL?
Yes	No	
2.) If you circled yes, pl	ease circle how you would li	ke to be kept informed about this TMDL:
Email	Mailings	Update through existing organization
If you circled any of the	above items, please write do	wn the appropriate contact information:
3.) Is there any organization or person we should contact to be part of a Stakeholder Group or to receive information? If yes, please provide their name and contact information.		
4.) Does your organization have any data and/or information on the West Fork Whitewater Watershed that they would like to share with IDEM to assist in the development of this TMDL? If yes, please let us know what information you have and a way to contact you to attain this data and/or information.		
5.) Do you have any specific questions that you feel we have not addressed?		